**REUTER-LIEN HEALTH EQUITY & WELL-BEING FUND GRANT APPLICATION**

**CERTIFICATION PAGE**

**This page must be signed by the applicant and returned as the first page of the grant application.**

All the information provided is complete and accurate to the best of my knowledge. I hereby give the Minnesota Medical Association (MMA) Foundation permission to share this information for the purposes of recruitment and public relations. I hereby certify that I am either currently enrolled on a full-time basis in a medical school in Minnesota or am a physician in an accredited residency or postgraduate fellow program in Minnesota and a member of the MMA, and that I will use the MMA Foundation grant award toward the expenses described in this grant application. Falsification of information will result in termination of any award granted. All application materials become the property of the MMA Foundation.

*Please sign and date below:*

Applicant Signature:

Applicant Name (print):

Date of Application:

**REUTER-LIEN HEALTH EQUITY & WELL-BEING FUND**

**APPLICANT AND PROJECT INFORMATION**

**To complete a grant application, please provide all the information requested below, and e-mail your completed application, including the signed certification page and letter of recommendation, to:** [**kgloege@mnmed.org**](mailto:kgloege@mnmed.org)**.**

APPLICANT INFORMATION

Name:

Address (city, state, ZIP):

E-mail addresses of all project team members:

Phone number of the project lead:

Newspaper to contact if awarded a scholarship: (optional)

Name of Medical School, Your Current Year & Expected Date of Graduation/Year/Location of Residency or Fellowship

BASIC INFORMATION

Project Title:

Amount Requested:

Date Funds are Needed:

Describe if or how you will conduct the project if the Grant Selection Committee approves less than the requested amount:

PROJECT DESCRIPTION

Describe the project/research:

If applicable, describe the age, gender, ethnic background, educational level, geographic location, or other defining characteristics of the subjects or beneficiaries of the project:

Discuss the objective of the project or research:

State each of your proposed project goals:

What benchmarks will you measure:

How will you define the project’s overall success:

Define the project’s timeline:

Identify any project partners or key decision-makers involved in this project and include their roles and contributions to the project:

PROJECT BUDGET

Please provide a line-item budget for the project. Please note: the maximum scholarship award is $2,300 no matter the size of your budget.

PERSONAL STATEMENT

Please provide a personal statement that demonstrates your grit and dedication to serving others including how you’ve demonstrated these qualities or gained such experience.

LETTER OF RECOMMENDATION

Please submit one (1) letter of recommendation – preferably from a school official or residency/fellowship supervisor who can discuss your achievements, which may include scholarship, leadership or volunteerism, as well as your potential for future success.

***Thank you for completing this Reuter-Lien Health Equity & Well-being Fund application and for your interest in Minnesota Medical Association Foundation.***